Request for Information on the NIH Plan to Enhance Public Access to the Results of NIH-Supported Research

Comments from University of Minnesota Libraries (UL) & Sponsored Projects Administration (SPA)

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1. How to best ensure equity in publication opportunities for NIH-supported investigators. The NIH Public Access Plan aims to maintain the existing broad discretion for researchers and authors to choose how and where to publish their results. Consistent with current practice, the NIH Public Access Plan allows the submission of final published articles to PubMed Central (PMC) (in cases where a formal agreement is in place) to minimize the compliance burden on NIH-supported researchers and also maintains the flexibility of NIH-supported researchers to submit the final peer-reviewed manuscript. NIH seeks information on additional steps it might consider taking to ensure that proposed changes to implementation of the NIH Public Access Policy do not create new inequities in publishing opportunities or reinforce existing ones.

We support this intention to remove existing burdens and avoid creating new ones for NIH funded researchers. However, we urge NIH to consider the potential for these policies to ripple and cause inequities for non-funded projects and researchers. Submitting to PMC has been a requirement for NIH-funded research for over a decade, and removing the allowed embargo period will not introduce a compliance burden. However, NIH must be aware of the limitations on institutional capacity to help authors comply with this requirement. Currently, this responsibility falls on the PI or the journal, and care should be taken to not move that responsibility to the institution, which would create inequities for authors at less resourced institutions. The current policy requires only that the text of the accepted (final, peer-reviewed) version of the manuscript be shared. Continuing this will avoid authors being required to pay an article processing charge (APC) for each article that results from their grant. We have been carefully monitoring the development and implementation of Plan S in Europe, which has focused much of its efforts on read-and-publish agreements and transformative journals, which are based on the APC model of open access (OA). We are not alone in our concerns that publishers are taking advantage of the requirements for immediate open access for research funded by cOAlition S members, as we have seen a large increase in the number of publishers who are focusing their

efforts on APC-based OA. One path Plan S supports is transformative journals, in which journals avow that they will achieve annual growth of OA content and "flip" to full OA when they reach a certain percentage of OA content published per year. cOAlition S and publishers who have registered their journals as "transformative" have not adequately defined what model the fully OA journals will use. If they all move to APC-based models, significant portions of the world will be prohibited from sharing their research. This will introduce new inequities for all researchers. Those who do not have funding, or do not have sufficient funding, will be unable to share their work. Researchers from the Global South may be affected more dramatically, but in the United States, many researchers do not have grant funding, and many institutions would be unable to pay for all articles from their institution to be made OA. The University of Minnesota publishes more than 8,000 journal articles per year. APCs vary widely in price, but at $2500 per article, the University would need to find an additional $20 million to fund publishing—an amount that is insurmountable. Currently, many publishers have aligned their policies with this and allow for sharing of the author-accepted manuscript (AAM) in any non-profit repository after 12 months. It is possible that publishers may be unwilling to alter their policies to allow for immediate deposit of articles to PMC (although if they were to decide not to accept articles from NIH-funded researchers, they would miss out on significant high quality research).To help ensure authors are able to publish in the journals that are most appropriate for their audience, NIH could increase support for alternative methods. Plan S includes a path for compliance that is based on "green" OA, in which the AAM is deposited into a repository and no APC is required (provided the journal is not fully OA). This path affirms longstanding strategies for green open access that predate widespread adoption of APCs, such as institutional open access policies - while also providing new tools to researchers and other advocates. The "Rights Retention Strategy" approach has the potential to address the inequities that will arise from continuing or increased reliance on APC-based publishing models. In addition to the members of cOAlition S, the Ligue des Bibliothèques Européennes de Recherche – Association of European Research Libraries (LIBER) support the rights retention strategy for enabling access to publicly funded research. (https://libereurope.eu/article/liber-supports-coalitions-rights-retention-strategy-to-ensure-open-access-to-publicly-funded-research/). If authors will need to negotiate rights to share their articles to comply with NIH's policy, we would like for NIH to provide very specific guidance and templates for authors to use. Many publishers use "click-through" copyright transfer systems that are opaque to the researchers, so there needs to be very clear instructions for how to ensure they do not accidentally agree to something that is counter to NIH policy. COAlition S provided an analysis of an example publishing agreement from Taylor and Francis (T&F copyright advice. Author, beware. February 9, 2023. https://www.coalition-s.org/blog/tf-copyright-advice-author-beware/), which outlines the many ways publishers can use obscure language to conceal from authors what they are committing to when agreeing to publish in a particular journal. The burden of understanding and negotiating this legal agreement should not be solely on the researcher. It should also not be a new burden that is placed on their institution to manage on behalf of their researcher. One solution would be to require publishers accepting NIH-funded manuscripts to indicate clearly in their copyright assignment materials either whether the journal is or is not compliant with NIH publishing requirements, or a statement embedded in their copyright assignment processes that in the event of a conflict between the NIH requirements and that of the journal, the NIH requirements will take precedence. Although NIH will allow for publication fees to make their work publicly accessible to be paid from grant funding, an APC-based publishing system would prevent the many researchers who do not have funding from

sharing their research. This would have negative effects on all researchers, including those funded by the NIH. A common theme at the 2023 United Nations Open Science Conference (https://www.un.org/en/library/OS23) was that open science, and open sharing of publications, is necessary for the world to achieve the United Nations' Sustainable Development Goals. For example, researchers from the Global South conduct important research on climate change, which is essential for all, including those in the Global North. NIH should establish policies that proactively avoids predictable adverse outcomes. NIH should also consider increasing support for more equitable publishing models. "Diamond" open access publishing is free for all readers and free for all authors to publish. Support for diamond OA is growing, as demonstrated by investments from Science Europe and statements from Deans at some of the most prestigious universities in the US (https://libraries.mit.edu/news/libraries-support-3/34036/) and researchers in the United Kingdom (https://docs.google.com/document/d/1ZAlPDvECb5Zm1pqAf0I1f0sjcBqPbkPGMvGIhaCz6lM/edit#). Science Europe, cOAlition S, OPERAS, and the French National Research Agency also jointly developed an Action Plan for Diamond Open Access with steps that NIH could consider undertaking to support this open access model (https://zenodo.org/record/6282403#.ZDhEvXbMI2w). Examples of options for NIH support in this space could include direct grants to Diamond OA publishers, support for meetings among these publishers, and educating NIH-funded researchers about Diamond OA journal options. Additionally, because of pressures to optimize "impact" of publications, researchers often prefer "big name" journals over less well known ones—NIH could support Diamond OA by promoting specific Diamond OA journals relevant to NIH areas of focus or by building processes into future grant application assessments that reward diamond OA publication in ways that adjust for lower "impact".

2. Steps for improving equity in access and accessibility of publications. Removal of the currently allowable 12-month embargo period for NIH-supported publications will improve access to these research products for all. As noted in the NIH Public Access Plan, NIH also plans to continue making articles available in human and machine-readable forms to support automated text processing. NIH will also seek ways to improve the accessibility of publications via assistive devices. NIH welcomes input on other steps that could be taken to improve equity in access to publications by diverse communities of users, including researchers, clinicians and public health officials, students and educators, and other members of the public.

We support NIH's goals of making full text articles and related metadata available and accessible to the public. We strongly encourage continuing to make the full text and metadata of articles available via API, which enables text-based and text-mining research that is not possible with many closed-access and restrictively licensed articles. We also strongly support NIH's goals of making articles accessible via screen reader and encourage guidance for researchers to make tables and figures more accessible, including providing alternative text as well as descriptive captions. We applaud NIH's desires to make public articles more understandable to a broader audience. NSF already requires PIs to submit brief project outcome reports written for a public audience. We would encourage NIH to adapt a similar policy to increase accessibility of the research to a broader audience. Additionally, we want to encourage as much clarity as possible in the scientific articles to

encourage interdisciplinary collaboration; for example, including less jargon, using active voice, and clearly defining abbreviations.

3. Methods for monitoring evolving costs and impacts on affected communities. NIH proposes to actively monitor trends in publication fees and policies to ensure that they remain reasonable and equitable. NIH seeks information on effective approaches for monitoring trends in publication fees and equity in publication opportunities.

We appreciate NIH's commitment to ensure that publication fees do not increase due to the new public access policy. However, publication fees for many journals are already unreasonable and inequitable. Based on data from Web of Science, the average APC for the top 10 journals in which NIH-funded articles were published had an average APC of $3,434, and APCs can reach as high as $11,690 per article. These costs are already consuming significant portions of NIH grants, reducing the amount of funding available for conducting research. It is important to monitor publisher fees, but NIH must be willing and able to act if publishers increase fees to ensure researchers do not face ever-increasing burdens for publication. NIH must define what they consider to be unreasonable, and must take into account that, based on past experience, publishers will continually increase article processing charges (APCs) and are likely to set APCs at the maximum that NIH allows. The current public access policies and ones that will result from the 2022 OSTP memo are based on providing access to federally funded research for taxpayers. These policies are motivated by ensuring the public has timely access to the results of federally funded research. It remains important to find the proper balance between ready access to results and ensuring that federal research dollars are primarily devoted to conducting the actual research, rather than paying publishers.

4. Early input on considerations to increase findability and transparency of research. Section IV of the NIH Public Access Plan is a first step in developing the NIH's updated plan for persistent identifiers (PIDs) and metadata, which will be submitted to OSTP by December 31, 2024. NIH seeks suggestions on any specific issues that should be considered in efforts to improve use of PIDs and metadata, including information about experiences institutions and researchers have had with adoption of different identifiers.

In order for all aspects of NIH funded research to be available and findable, we strongly encourage NIH to urge researchers to adopt a standard data citation method to link the articles with the associated datasets. We would also like to see guidance from NIH and other scientific communities on how best to apply PIDs to various parts of a larger study in order to make sure the components are clearly linked, identified, and findable. For example, some repositories assign DOIs for each file within a study, while others assign a global DOI for the set of files within the project. Unregulated proliferation of PIDs likely will make findability MORE difficult as individual datasets or articles may be associated with multiple identifiers and cited inconsistently. Linkages between components and PIDS associated with the research study should be both human readable and machine actionable, and ideally in a central metadata aggregator. Another consideration for PIDs is the cost associated with minting them - DOIs are costly for repositories or entities who are creating them. However, less costly

PIDs (such as ARKs and handles) lack the central metadata infrastructure for discoverability that DOI agencies like DataCite and CrossRef provide.